

Florida

CDL



FLA 1571

4d DLN B623-221-81-444-1



1 BRIGHT  
2 EDWARD ANTONIUS LAZAN  
8 1028 2ND ST SW  
LARGO, FL 33770-7119

3 DOB 12/04/1981 15SEX M  
4b EXP 12/04/2030 16HGT 6'-00"  
12 REST NONE 9a END NONE

SAFE DRIVER

4a ISS 08/14/2023

5DD J722308140133



FL

Operation of a motor vehicle constitutes  
consent to any sobriety test required by law.



**Request for Taxpayer  
Identification Number and Certification**

Give Form to the  
requester. Do not  
send to the IRS.

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**VIKES Logistic LLC**

2 Business name/disregarded entity name, if different from above  
**VIKES Logistic**

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.  
☒ Individual/sole proprietor or single-member LLC  
☐ C Corporation  
☐ S Corporation  
☐ Partnership  
☐ Trust/estate  
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶  
Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  
☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  
Exempt payee code (if any) \_\_\_\_\_  
Exemption from FATCA reporting code (if any) \_\_\_\_\_  
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.  
**9808 Warm Stone Street**

6 City, state, and ZIP code  
**Thomotosassa, FL 33592**

7 List account number(s) here (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number  
\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
or  
Employer identification number  
**93-2017524**

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶ **[Signature]** Date ▶ **9-19-24**

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

## DIRECT DEPOSIT REQUEST FORM

Please Complete this form clearly, print and sign.

Driver's Name

Edward Bright

Company

Pikes Logistic LLC

Routing Number

256074974

Account Number

7164844784

Please circle one

☒ CHECKING

☐ SAVING

I Authorize Royal and BRZ to automatically deposit my paycheck into account listed above.

Driver Signature



Date

8-19-24



YIKES LOGISTIC LLC

153

68-7497/2560

DATE

PAY TO THE  
ORDER OF

VOID

\$

DOLLARS



Photo  
Safe  
Deposit®  
Details on back

**NAVY**  
**FEDERAL**  
Credit Union



FOR

⑆ 256074974⑆ 0153 ⑆ 7164844784 ⑆ 001

TRANSIT ROUTING NUMBER

CHECK NUMBER

ACCOUNT NUMBER

MP



**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

**L23000296672  
FILED 8:00 AM  
June 20, 2023  
Sec. Of State  
jafason**

**Article I**

The name of the Limited Liability Company is:

YIKES LOGISTIC LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:

1028 2ND ST SW  
LARGO A , FL. US 33770-741

The mailing address of the Limited Liability Company is:

1028 2ND ST SW  
LARGO A , FL. US 33770

**Article III**

The name and Florida street address of the registered agent is:

EDWARD BRIGHT  
1028 2ND ST SW  
LARGO A , FL. 33770

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: EDWARD BRIGHT

## **Article IV**

The name and address of person(s) authorized to manage LLC:

Title: MGR  
EDWARD BRIGHT  
1028 2ND ST SW  
LARGO A, FL. 33770 US

**L23000296672**  
**FILED 8:00 AM**  
**June 20, 2023**  
**Sec. Of State**  
jafason

Signature of member or an authorized representative

Electronic Signature: EDWARD BRIGHT

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.